

**DECLARATION AND POWER OF ATTORNEY
FOR APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: AN ACTIVE MATRIX LIQUID CRYSTAL DEVICE AND MANUFACTURING METHOD

described and claimed in the specification:

Check one

*a. attached hereto.

b. filed on as Application Serial No.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

NONE

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

NONE

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Serge Abend, Reg. No. 24,152; and John E. Beck, Reg. No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Ronald T. Fulks

Inventor's Signature: Ronald T. Fulks

Date: 5/25/95

Residence: 1672 Lee Drive, Mountain View, CA 94040

Citizenship: U.S. Post Office Address: same as above

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

Note to Inventor: Please sign name exactly as it appears and insert the actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR, USE PAGE 2 AND PLACE AN "X" HERE

Full name of second joint inventor, if any: William Yao
Inventor's Signature: William Yao Date: 5/25/95
Residence: 1433 Mira Monte Avenue, Los Altos CA 94024
Citizenship: U.S. Post Office Address: same as above

Full name of third joint inventor, if any: Chuang C. Tsai
Inventor's Signature: Chuang C. Tsai Date: 5/26/95
Residence: 5551 Castle Glen Avenue, San Jose CA 95129
Citizenship: U.S. Post Office Address: same as above

Full name of fourth joint inventor, if any:
Inventor's Signature: _____ Date: _____
Residence:
Citizenship: Post Office Address:

Full name of fifth joint inventor, if any:
Inventor's Signature: _____ Date: _____
Residence:
Citizenship: Post Office Address:

Full name of sixth joint inventor, if any:
Inventor's Signature: _____ Date: _____
Residence:
Citizenship: Post Office Address:

Full name of seventh joint inventor, if any:
Inventor's Signature: _____ Date: _____
Residence:
Citizenship: Post Office Address:

Full name of eighth joint inventor, if any:
Inventor's Signature: _____ Date: _____
Residence:
Citizenship: Post Office Address:

Full name of ninth joint inventor, if any:
Inventor's Signature: _____ Date: _____
Residence:
Citizenship: Post Office Address:

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.
Note to Inventor: Please sign name exactly as it appears and insert the actual date of signing.